2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Jul 15, 2008 **DOCUMENT#753020** Secretary of State

Entity Name: IGLESIA BAUTISTA HOREB, INC.

Current Principal Place of Business: New Principal Place of Business:

795 WEST 68TH STREET HIALEAH, FL 33014

Current Mailing Address: New Mailing Address:

795 WEST 68TH STREET HIALEAH, FL 33014

FEI Number: 59-1963408 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MENDOZA, LUCAS 6510 MAIN ST. #11105 MIAMI LAKES, FL 33014 US

OFFICERS AND DIRECTORS:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition () Delete

MENDOZA, LUCAS Name: Name: 6510 MAIN ST. #11105 Address: Address: City-St-Zip: MIAMI LAKES, FL 33014 City-St-Zip:

Title: T/SC () Delete Title: T/SC (X) Change () Addition

HERNANDEZ, GUSTAVO Name: Name: CASTANO, RENE Address: 9999 NW 126 TERR Address: 7849 NW 170 TERRACE City-St-Zip: HIALEAH, FL 33018 City-St-Zip: MIAMI, FL 33015

Title: (X) Delete Title: () Change () Addition

CASTANO, RENE Name: Name: 7849 NW 170 TERR Address: Address: City-St-Zip: MIAMI, FL 33015 City-St-Zip:

Title: VΡ (X) Delete Title: () Change () Addition

Name: GONZALEZ, FRANK Name: 627 WEST 64 DRIVE Address: Address: City-St-Zip: HIALEAH, FL 33012 City-St-Zip:

Title: Title: (X) Delete () Change () Addition

CONTRERAS, SAMUEL J Name: Name: 18201 NW 73 RD APT. 8-107 Address: Address: City-St-Zip: MIAMI, FL 33015 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. LUCAS MENDOZA PD 07/15/2008